MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23a)

Reg. Dist. No. 181

CERTIFICATE OF DEATH

03189

1. PLACE OF DEATH:

(a) County Harford

(b) City or town Rural / Near Havre de Grace (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 30 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Harford

(c) City or town Rural Near Havre de Grace Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. — (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Floyd Buigard Albert

3 (b) If veteran, name war — no

3 (c) Social Security No. no

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Alverta M. Albert

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 18, 1861

8. **AGE:** Years 78 | Months 4 | Days 28 | If less than one day — hr. — min.

9. Birthplace Va. (Va.) (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Lewis Albert

13. Birthplace Va.

MOTHER

14. Maiden Name Maria (Unknown)

15. Birthplace Va.

16 (a) Informant Mr. Arleigh N. Albert

(b) Address R.D. Kingston Rd., Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 19, 1940 (month) (day) (year)

(c) Cemetery or crematory Moreland Memorial Park

Location Balto. Md.

18 (a) Funeral director W. Madison Mitchell

(b) Address Havre de Grace, Md.

19 (a) Mar. 17 1940 (Date rec'd by registrar) (b) Benj. B. Knight Registrar

MEDICAL CERTIFICATION

20. Date of death Mar. 16 1940 at 11:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 12 1940, to Mar. 16 1940, and that I last saw him alive on Mar. 16 1940.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to — Duration

Due to — Duration

Other conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature P. P. Snodgrass M. D. or other

Address Darlington Date signed 3/17/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 8 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

03190

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:

County Harford

City or town near Churchville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 60 Years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland. County Harfoed.

City or town near Churchville, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hester C Banks

3. (b) Social Security Number

4. Sex: F

5. Color or race: negro

6. (a) Single, married, widowed, or divorced: Widowed

8 (b) Name of husband or wife H. Banks,

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~1933~~ October 14, 1878

8. AGE: Years 61 | Months 4 | Days 22 | If less than one day hrs. min.

9. Birthplace Churchville, Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name George Cooper,
13. Birthplace Churchville, Md.

MOTHER
14. Maiden name Elibath Hooper,
15. Birthplace Churchville, Md.

18. Informant Elibath Williams,

Address 622 Green Hill Road. Pa.

17. (Burial, cremation, or removal. Which?) Date thereof March 9 1940 (month) (day) (year)

Cemetery or crematory John Weslay,

Location Near Abingdon, Md.

18. Funeral director Howard K. McComas,

Address Abongdon, Md.

19. March 7, 1940 (Date rec'd by registrar) Emily M. Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940, at 11:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death Coronary Occlusion

Due to Hypertensive Cardio-Vascular Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J H Ramsey M.D. Dep. med. Examiner M.D. or other

Address Aberdeen, Md. Date signed 3/[illegible]

RECEIVED
APR 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03191

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County: Harford

City or town: Havre De Grace (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hosp't.

Stay in hospital or inst. (yrs., or mos., or days): 9 das.

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Abingdon Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Samuel S. Bevard

3. (b) Social Security Number: none

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: (unknown at Hosp) Lida Buckingham

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 26, 1854

8. AGE: Years 85 Months 8 Days 3 If less than one day ___ hrs. ___ min.

9. Birthplace: Harford Co. Maryland (Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER

12. Name: Wakeman H. Bevard

13. Birthplace: Maryland

MOTHER

14. Maiden name: Elizabeth Street

15. Birthplace: Maryland

16. Informant: Harford Memorial Hospital Records

Address: Havre de Grace, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 2d 1940 (month) (day) (year)

Cemetery or crematory: Abingdon Cemetery

Location: Abingdon, Md.

18. Funeral director: Howard K. McComas

Address: Abingdon, Maryland.

19. Mar-29th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 29 1940, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 20 1940, to Mar 29 1940, and that I last saw him alive on Mar 29 1940.

Immediate cause of death: Carcinoma Prostate

Due to: Lobar Pneumonia Hypostatic

Due to: Pneumonia

Other conditions: Cardiac Failure

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Charles J. Foley M.D. M. D. or other

Address: Havre de Grace Md. Date signed 3/29/40

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-e)

CERTIFICATE OF DEATH

03192

Reg. Dist. No. 182

1. PLACE OF DEATH:
County Harford,
~~City or town~~ Bel Air P
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: County Home,
Stay in hospital or inst. (yrs., or mos., or days) Alt., 3 yrs.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Blackburn

3. (b) Social Security Number None,

4. Sex: Male,
5. Color or race: White,
6. (a) Single, ~~married, widowed, or divorced~~: Single,
8 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb, 17 - 1886,
8. AGE: Years 54 | Months +1- | Days * | If less than one day hrs. min.
9. Birthplace Havre de Grace Harford Co, Md,
(Town, county, and state)
10. Usual occupation Labor,
11. Industry or business
FATHER 12. Name John Blackburn,
FATHER 13. Birthplace Md,
MOTHER 14. Maiden name Margaret Bowen,
MOTHER 15. Birthplace Md,
18. Informant Mrs. Raymond Carroll,
Address Havre de Grace, Md,
17. Burial (Burial, cremation, or removal. Which?) Date thereof Mch, 19-1940 (month) (day) (year)
Cemetery or crematory Angel Hill Cemetery,
Location Havre de Grace, Md,
18. Funeral director Pennington & Son,
Address Havre de Grace, Md,
Mar. 18 1940 (Date rec'd by registrar) H E Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 17 1940, at M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1932, to Mar 17 1940, and that I last saw him alive on Mar 14 1940.

	DURATION
Immediate cause of death: Bronchial Asthma	20 yrs.
Due to	
Due to	
Other conditions Chr Myocardial Disease	3 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Willard P. Reedson, M. D. or other
Address Forest Hill, Md Date signed 3/17/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

WITHIN CORPORATE LIMITS ☐

CERTIFICATE OF DEATH

03193

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford

City or town Havre-de-Grace —
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution Harford Memorial Hospital

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Steel Brae — Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Brooks — Steel Brae

3. (b) Social Security Number

4. Sex M

5. Color or race B

6. (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March — 26th 1940

8. AGE: Years — Months — Days — If less than one day hrs. min.

9. Birthplace Havre-de-Grace — Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name William Edward Brooks

13. Birthplace Darlington — Md.

MOTHER 14. Maiden name Blanche Saffonia Williams

15. Birthplace Kalmia — Md.

16. Informant William Edward Brooks

Address Bel-Air — Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year) March — 27th 1940

Cemetery or crematory Deer

Location Edgewood — Md.

18. Funeral director Herbert Bailey

Address Darlington

19. Mar. 26th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March — 26th 1940, at 8:30 a.m. p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h elive on 19 .

Immediate cause of death — DURATION

Stillborn

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles J. Foley M.D.
M. D. or other

Address Havre de Grace Date signed 3/29/40

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (627) Reg. Dist. No. 182

03194

CERTIFICATE OF DEATH

VS. A15 MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) County Harford
(b) ~~City or~~ town Darrettsville Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Darrettsville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Laura A Brookes

3 (b) If veteran, name war No

3 (c) Social Security No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband ~~or wife~~ Thomas Brookes

6. (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1940

8. AGE: Years 50 Months 11 Days 1 If less than one day hr. min.

9. Birthplace Wilkes Co, N. C.
(Town, county, and state)

10. Usual occupation House work

11. Industry or business At Home

FATHER 12. Name Harrison Caudell

FATHER 13. Birthplace Wilkes Co, N. C.

MOTHER 14. Maiden Name Sarah A. Tilly

MOTHER 15. Birthplace Alleghaney Co, N. C.

16 (a) Informant Thomas Brooks

(b) Address White Hall, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3 1940 (month) (day) (year)

(c) Cemetery or crematory Baptist Church

Location Harford Co, Md.

18 (a) Funeral director H. D. Bailey

(b) Address Darlington, Md.

19 (a) March 3 1940 (Date rec'd by registrar) (b) Virginia Chambers Registrar

MEDICAL CERTIFICATION

20. Date of death March 1, 1940, at 7:00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1940, to Mar. 1, 1940, and that I last saw him alive on Feb. 28 1940.

Immediate cause of death	Duration
Pulmonary oedema.	2 days.
Due to Hyperthyroidism.	5 yr.
Due to myocarditis, Interstitial nephritis (Chronic)	
Other conditions Big head.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Norman H. Stemmill M.D.
M. D. or other
Address Stewartstown Pa Date signed 3/9/40.

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

03195

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford

City or town Harford Co Home (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Near Bel Air Md.

Stay in hospital or inst. (yrs., or mos., or days) 6 years.

Stay in this community (yrs., or mos., or days) Forest Hill Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Harford

City or town Forest Hill, Md Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ida. Cole

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widowed.

6 (b) Name of husband or wife Howard Cole.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18-1861

8. AGE: Years	Months	Days	If less than one day
78	8	28	hrs. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Frank Hall

FATHER 13. Birthplace Baltimore Md

MOTHER 14. Maiden name Mary Ford

MOTHER 15. Birthplace Harford Co, Md

16. Informant Dr Francis J Hall

Address 2129 St Paul St. Balto Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 18-1940 (month) (day) (year)

Cemetery or crematory Green Mount

Location Baltimore, Md.

18. Funeral director Deans Foster

Address Bel Air, Md.

19. March 18 1940 V.E. Chambers (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 16 1940, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1 1940, to Mar 16 1940, and that I last saw her alive on Mar 14 1940.

Immediate cause of death	DURATION
Chr Myocardial Disease	2 yrs.
Due to	
Due to	
Other conditions Generalized Arterio-Sclerosis (Include pregnancy within 3 months of death)	

Major findings:

Dt operations

Dt autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Willard P. Hudson M. D. or other

Address Forest Hill Md Date signed 3/17/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 21 1940
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

03196

Reg. Dist. No. 18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Level
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Level Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Cora E. Crawford

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: None
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 9, 1858

8. AGE: Years 81 | Months 11 | Days 3 | If less than one day ____ hrs. ____ min.

9. Birthplace Harford Co., Md (Town, county, and state)
10. Usual occupation Housework
11. Industry or business At Home
FATHER 12. Name John Crawford
FATHER 13. Birthplace Harford Co., Md.
MOTHER 14. Maiden name Mary A. McCann
MOTHER 15. Birthplace Harford Co., Md.
16. Informant Mrs. Lotta Adams
Address Havre-De-Grace Md. R/D

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 14 1940 (month) (day) (year)
Cemetery or crematory Dublin S. M. Cem
Location Harford Co., Md.
18. Funeral director H. L. Bailey
Address Darlington Md.

19. Mar 13 1940 (Date rec'd by registrar) Bertha B. Knight Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1925, to March 12 1940, and that I last saw h- alive on March 12 1940.

Immediate cause of death

	DURATION
Due to Cerebral tumor Cage	18 hrs
Due to Chronic	
Other conditions Myocarditis	15 yr

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. E. Galleon M. D. or other
Address Darlington Date signed 3-12-40

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

03197

Reg. Dist. No. 180

1. PLACE OF DEATH:
County Harford
City or town Magnolia
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Magnolia Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Denby

3. (b) Social Security Number

4. Sex Female
5. Color or race Col
6. (a) Single, married, widowed, or divorced single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar 24 '40
8. AGE: Years | Months | Days | If less than one day
Stillborn 7 mo hrs. min.
9. Birthplace Magnolia Md
(Town, county, and state)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Theodore Peters Jr
13. Birthplace Maryland
MOTHER
14. Maiden name Mary Denby
15. Birthplace Maryland
16. Informant Belle Denby
Address Magnolia Md
17. Burial
(Burial, cremation, or removal. Which?)
Date thereof March 25 1940
(month) (day) (year)
Cemetery or crematory Foster's Hill
Location Magnolia
18. Funeral director One of the Family
Address Magnolia, Md.
19. March 25 1940 Emily M. Shipley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 24 '40 1945 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---------- 19 ----, to ---------- 19 ----,
and that I last saw h alive on ---------- 19 ----.
Immediate cause of death
Due to Still born
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas E Roth
M. D. or other
Address Edgewood Md Date signed Mar 24 '40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

CERTIFICATE OF DEATH

03198

Reg. Dist. No. 184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Darlington
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Darlington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Wm. H. Ellis

3. (b) Social Security Number no

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Alice R. Ellis

Dead 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1855

8. AGE:

Years	Months	Days	If less than one day
84	5	12	hrs. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation Florist

11. Industry or business Raising flowers

FATHER 12. Name Edward Ellis

FATHER 13. Birthplace Baltimore, Md.

MOTHER 14. Maiden name Catherine McCarthy

MOTHER 15. Birthplace Phila. Penna.

16. Informant Mrs. Mary E. Carr

Address Darlington, Md.

17. Burial (Burial, cremation, or removal, which?) Date thereof March 16, 1940 (month) (day) (year)

Cemetery or crematory Mt. Vernon Cem.

Location Harford Co. Md.

18. Funeral director H. S. Bailey

Address Darlington Md.

19. March 16 1940 (Date rec'd by registrar) M. A. Kirk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13, 1940, at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 6 1940, to March 13 1940, and that I last saw him alive on March 13 1940

Immediate cause of death	DURATION
Chronic Nephritis	
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. P. Brandgrass M. D. or other

Address Darlington Date signed 3/15/40

RECEIVED
APR 10 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85)

CERTIFICATE OF DEATH

03199

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford

City or town Fountain Green

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 26

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford

City or town Fountain Green Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Quincy Gorman Evans

3. (b) Social Security Number

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife ✓

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Sept 23 - 1897

8. AGE: Years 43 Months 6 Days 1 If less than one day ____ hrs. ____ min.

9. Birthplace Piney Creek N.C. (Town, county, and state)

10. Usual occupation Farm

11. Industry or business Labor

FATHER

12. Name James T Evans

13. Birthplace Piney Creek N.C.

MOTHER

14. Maiden name Ginevra Forolkes

15. Birthplace Topia N.C.

16. Informant James T Evans

Address Bel Air Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 26-1940 (month) (day) (year)

Cemetery or crematory Mt Zion

Location Fountain Green

18. Funeral director Dean & Foster

Address Bel Air Md

19. Mar 26th 1940 (Date rec'd by registrar) N E Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1940, at Between 7AM - 6:50AM M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death Cerebral Concussion and Edema Status epilepticus

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 3/24/40

Where did injury occur? Fountain Green (City or town) Harford (County) Md (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Injured in Epileptic Seizure Injured at work? no

23. SIGNATURE J H Ramsey M.D. Dep. Med. Examiner M.D. or other

Address Aberdeen, Md. Date signed 3/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 3 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

03200

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford

City or town Havre-de-Grace
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (~~yrs.~~, or ~~mos.~~, or days) 3 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford

City or town Street Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jonas Good

3. (b) Social Security Number None

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Rosina Good

Street, Md. 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24 - 1867

8. AGE: Years 73 | Months 8 | Days 20 | If less than one day hrs. min.

9. Birthplace Lindling, Kentucky
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Vermillion
13. Birthplace Ireland

MOTHER
14. Maiden name Sarah S
15. Birthplace Ireland

16. Informant Rosina Good

Address Street, Md.

17. Burial Date thereof Mar 7 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or ~~crematory~~ Highland

Location Street Md.

18. Funeral director Hubert P Harkins

Address Delta, Pa.

19 Mar 7th 1940 James H. Bay M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1940, at 2 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1 1940, to Mar 4 1940, and that I last saw h alive on Mar 3 1940.

Immediate cause of death Coronary obstruction

Due to Probably arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. Lewis M.D. M. D. or other

Address Havre de Grace Md Date signed 3/4/40

RECEIVED
APR 4 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

WITHIN CORPORATE LIMITS of

03201

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford

City or town Havre-de Grace (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days) 7 months

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Harford

City or town Havre de Grace Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Emma Virginia Grafton

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: W. Charles M. Grafton

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): February 16 - 1858

8. AGE: Years 82 | Months — | Days 17 | If less than one day ____ hrs. ____ min.

9. Birthplace: Baltimore City (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Uriah Minnick

13. Birthplace: Maryland

MOTHER

14. Maiden name: Eliza Callander

15. Birthplace: Maryland

16. Informant: Mr. Chas. R. Grafton

Address: 2706 Westwood Ave. Balto. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 5 - 1940 (month) (day) (year)

Cemetery or crematory: Deer Creek

Location: Hickory Harford Co

18. Funeral director: Henry Tarring Sons

Address: Aberdeen Md

19. Mar. 5th 1940 (Date rec'd by registrar) James H. Bay Mt Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 3 1940, at 4 25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 12 1939, to Mar 3 1940, and that I last saw her alive on Mar 3rd 1940.

Immediate cause of death: Toxemia

Due to: Carcinomatosis

Due to: Carcinoma of left breast

Other conditions: (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury ____ Injured at work?

23. SIGNATURE: A. S. Lewis M.D. (M.D. or other)

Address: Havre de Grace Md Date signed 2/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (157-2)

WITHIN CORPORATE LIMITS OF

Reg. Dist. No. 185

CERTIFICATE OF DEATH

03202

1. PLACE OF DEATH:
(a) County Harford
(b) City or town Havre de Grace
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 665 Bourbon St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) X
(e) Length of stay in this community (yrs., mos., or days) 4 Mo. 4 Days

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Havre de Grace
(If outside city or town limits, write RURAL and give town)
(d) Street No. 665 Bourbon St
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Patrica Ann Grice

3 (b) If veteran, name war no
3 (c) Social Security No. no

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife —
6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1939

8. AGE: Years 0 | Months 4 | Days 4 | If less than one day — hr. — min.

9. Birthplace Havredebrace Md.
(Town, county, and state)
10. Usual occupation none
11. Industry or business none

FATHER
12. Name Marvin M. Grice
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden Name Dorothy A. Gilbert
15. Birthplace Havredebrace Md.

16 (a) Informant Marvin M. Grice
(b) Address Havredebrace, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/40 (month) (day) (year)
(c) Cemetery or crematory Angel Hill
Location Havre de Grace Md.

18 (a) Funeral director R. Madison Mitchell
(b) Address Havredegrace Md.

19 (a) Mar 31st (Date rec'd by registrar) (b) James H. Ray M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Mar 29 1940, at 12-40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb — 1940, to Mar. 29 1940, and that I last saw him alive on Mar. 29, 1940.

Immediate cause of death	Duration
Congenital Malformation	
Due to Defect of Heart	
Due to	
Other conditions Cardiac Failure	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles J. Foley M.D. M. D. or other
Address Havre de Grace Md. Date signed 3/30/40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

03203

Reg. Dist. No. 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town near Jarrettsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town near Jarrettsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Louisa Alcinda Hall

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	col.	widow

6 (b) Name of husband or wife Wm A Hall
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 29 1865

8. AGE:

Years	Months	Days	If less than one day
75	0	21	hrs. min.

9. Birthplace Harford Co (Town, county, and state)
10. Usual occupation House wife
11. Industry or business
FATHER 12. Name Garrett Gover
FATHER 13. Birthplace Harford Co
MOTHER 14. Maiden name Susia Gover
MOTHER 15. Birthplace Blackhorse Md
16. Informant Wm A Hall Jr
Address Rocks Md
17. Burial (Burial, cremation, or removal, Which?) Date thereof March 23 1940 (month) (day) (year)
Cemetery or crematory Fairview
Location Forest Hill Md
18. Funeral director C E Kretzer Son
Address Jarrettsville Md
19. Mar 23 1940 (Date rec'd by registrar) Thomas R Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1940, at 2.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 12 1940, to — 19—, and that I last saw her alive on March 12 1940

Immediate cause of death	DURATION
Heart failure	
Due to Coronary Occlusion	10 days
Due to	
Other conditions Obesity	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Melissa N. Borden M. D. or other
Address Jarrettsville, Md. Date signed 3/21/40

RECEIVED
APR 10 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

03204

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford

City or town Fallston

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Harford

City or town Fallston Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME David A. Hallan

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Widowed

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 23 - 1849

8. AGE:

Years	Months	Days	If less than one day
91	7	6	hrs. min.

9. Birthplace Md.

(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER

12. Name John L. Hallan

13. Birthplace Md.

MOTHER

14. Maiden name Elizabeth Atkinson

15. Birthplace Md.

16. Informant Mrs Elmer Davis

Address Fallston Md.

17. Burial Date thereof Mch 31-40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Friends Cem.

Location Fallston Md.

18. Funeral director Clarence E. Authur

Address Fork Md.

19. Mar 30th 1940 N E Richardson

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 29 1940, at 7 40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 6 1940 to Mar 29 1940, and that I last saw him alive on Mar 29 1940.

	DURATION
Immediate cause of death Bronchio Pneumonia	4 Days
Due to Chronic Valvular Cardiac Disease	3 Yrs
Due to Senile Debilities	6 Yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter M. Hammett M. D. or other

Address Baldwin Date signed 3/30/40

RECEIVED
APR 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

03205

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:

County Harford

City or town Black Horse

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 60 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford

City or town Black Horse Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Jacob Frank Hild

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	W	married

6 (b) Name of husband or wife Mary Emma Henderson

6(c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Apr 17 - 1860

8. AGE: Years	Months	Days	If less than one day
80	10	28	hrs. min.

9. Birthplace Harford Co Md (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Henry Hild

13. Birthplace Germany

MOTHER 14. Maiden name Mary E Spadden

15. Birthplace Fallston Md

16. Informant Daniel R Hild

Address Washington D.C.

17. Burial (Burial, cremation, or removal, Which?) Date thereof March 17-40 (month) (day) (year)

Cemetery or crematory McKendree

Location Black Horse Md

18. Funeral director Martin G Kuetz

Address Jarrettsville Md

19 Mar 17 1940 Thomas P Brown

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH approx. March 14 1940, at — M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death Probably Coronary Thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J H Ramsey M.D. Dep. Med. Examiner

Address Aberdeen, Md. Date signed 3/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 10 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

CERTIFICATE OF DEATH

03206

Reg. Dist. No. 184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Dublin
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Dublin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Mary E Johnson

3. (b) Social Security Number no

4. Sex	5. Color or race	6. (a) Single, ~~married, widowed, or divorced~~
Female	White	Single

6 (b) Name of husband or wife none

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14 1860

8. AGE: Years 80 Months 1 Days 28 If less than one day hrs. min.

9. Birthplace Harford Co., Md. (Town, county, and state)

10. Usual occupation Housework

11. Industry or business At Home

FATHER 12. Name Joseph Johnson

FATHER 13. Birthplace Harford Co, Md.

MOTHER 14. Maiden name Mary J. Wallace

MOTHER 15. Birthplace Harford Co, Md.

16. Informant Wm. S. Johnson

Address Street, Md. Rural Route

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof March 15 1940 (month) (day) (year)

Cemetery or crematory Dublin S. M. Cem.

Location Harford Co, Md.

18. Funeral director H. L. Bailey

Address Darlington, Md.

19. March 14 1940 (Date rec'd by registrar) M. H. Kirk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1940, at 11 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 5 1940, to March 12 1940, and that I last saw h alive on March 11 1940.

Immediate cause of death
Lobar Pneumonia — DURATION 5 days
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. E. Gallion M. D. or other
Address Darlington Date signed March 13

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APR 10 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

03207

CERTIFICATE OF DEATH

Reg. Dist. No. 18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Rural Near Bel Air
(If outside city of town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 92 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Rural Near Bel Air Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Harriett E. R. Kennett

3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: John Kennett
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Sept. 1st 1847
8. AGE: Years: 92 Months: 6 Days: If less than one day: hrs. min.
9. Birthplace: Harford Co. Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: David Hamilton
FATHER 13. Birthplace: Baltimore Md
MOTHER 14. Maiden name: Julia G. Johnson
MOTHER 15. Birthplace: Harford Co Md
16. Informant: Mrs. Hazzard Harris
Address: Aberdeen Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 5-1940 (month) (day) (year)
Cemetery or crematory: Asbury
Location: Churchville Harford Co
18. Funeral director: Henry Tanning Sons
Address: Aberdeen Md
19. Mar 4 1940 (Date rec'd by registrar) C C Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 2 1940, at 7 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 26 1940, to March 3 1940, and that I last saw h alive on March 2 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	2-2640
Due to:	
Due to:	
Other conditions: Acute Bronchitis	2-15-40

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Claude Rowan M. D. or other
Address: Havre de Grace Date signed 3-3-40

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1312)

CERTIFICATE OF DEATH

03208

Reg. Dist. No. 481

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Rural Near Aldino
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)
State Md. County Harford
City or town Rural Near Aldino Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Frank Charlton Kimble

3. (b) Social Security Number no

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Sarah Rebecca Kimble
6(c) If alive, give age 78 years
7. Birth date of deceased (mo., day, yr.): Oct. 17, 1860
8. AGE: Years 79 | Months 4 | Days 29 | If less than one day: 0 hrs. 0 min.
9. Birthplace: Harford Co Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Henry Kimble
13. Birthplace: Harford Co. Md.
MOTHER 14. Maiden name: Elizabeth A. Foff
15. Birthplace: England
16. Informant: Mr. Geo. R. Kimble
Address: Aberdeen R.F.D. # 1
17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 18 1940 (month) (day) (year)
Cemetery or crematory: Spesutia Cem.
Location: Harford Co. Md.
18. Funeral director: R. Madison Mitchell
Address: Havre de Grace, Md.
19. Mar. 17 1940 (Date rec'd by registrar) Bertha B. Knight Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar. 16, 1940, at 2 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to Mar. 16 1940, and that I last saw him alive on Mar. 16 1940

	DURATION
Immediate cause of death: Pneumonia	1 wk
Due to: Chronic Interstitial Nephritis	20 yrs.
Due to: Arteriosclerosis	30 yrs
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
20. operations:
autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Frank Wollen M.D.
M. D. or other
Address: Havre de Grace Date signed 3/17/40

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03210

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:

County Harford

City or town Upper cross Roads

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 22 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Upper cross Roads Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME John Owen Kroff

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	Married

6 (b) Name of husband or wife Annie Lou Kroff.

6(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Sept 21 1872

8. AGE:

Years	Months	Days	If less than one day
67	7	6	____ hrs. ____ min.

9. Birthplace Logansport Indiana (town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Wm Lee Kroff

13. Birthplace Va.

MOTHER

14. Maiden name Elizabeth Meade

15. Birthplace Franklin Co Va.

16. Informant Mrs Annie L Kroff.

Address Baldwin Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 30 1940 (month) (day) (year)

Cemetery or crematory Friendship

Location Fallston md

18. Funeral director E G Kurtz & Son

Address Jarrettsville md.

19 Mar 30 1940 (Date rec'd by registrar) Thomas R Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 27 1940, at 10 40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1938, to Mar 27 1940, and that I last saw him alive on Mar 26 1940.

	DURATION
Immediate cause of death Cerebral Hemorrhage	4-27-40
Due to Arteriosclerosis	5 yrs
Due to Fracture of Femur: due to an accident. Fell on ice. Fell out of bed.	4-27-40
Other conditions	

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of March 24 1940

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) at his residence

Means of injury fell out of bed. Injured at work?

23. SIGNATURE Walter M Hammett M. D. or other

Address Baldwin Date signed 4-28-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 10 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

(95-C)

CERTIFICATE OF DEATH

03211

Reg. Dist. No. 84

1. PLACE OF DEATH:

County Harford

City or town Cardiff

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Cardiff. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie D. Leamon

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	white	widowed

6 (b) Name of husband or wife Strome B. Leamon

6(c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) May 23, 1856

8. AGE: Years	Months	Days	If less than one day
83	9	15	hrs. min.

9. Birthplace Rock Bridge Co. Va.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER 12. Name George R. Cash

13. Birthplace Virginia

MOTHER 14. Maiden name Martha D. Campbell

15. Birthplace Virginia

16. Informant Robert Leamon

Address Cardiff, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 11, 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Slate Ridge, Pa.

Location York Co. Pa.

18. Funeral director Hubert P. Harkins

Address Delta, Pa.

19. March. 10 1940 (Date rec'd by registrar) H. J. F. McNabb Registrar pro tem

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8th 1940, at 4:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 5th 1940, to March 8th 1940, and that I last saw her alive on March 8th 1940

Immediate cause of death	DURATION
Generalized arteriosclerosis with Cardiac decompensation	2 weeks
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Josiah A. Hunt, M.D.

M. D. or other

Address Cardiff, Md Date signed 3/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 10 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03212

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Garrett (93-d) Registration Dist. No. 183

Village or City Bonnaville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred yrs. mos. ds. How long in U.S. if of foraign birth? yrs. mos. ds.

2. FULL NAME Adelaide McDonald U. S. Veteran, specify WAR

(a) Residence: No Bonnaville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem'l	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas McDonald

6. DATE OF BIRTH (month, day, and year) May 27 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pa (State or country)

FATHER

13. NAME Nelson Strowbridge

14. BIRTHPLACE (city or town) Farmington Pa (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Duncan

16. BIRTHPLACE (city or town) New York Pa (State or country)

17. INFORMANT Gaston McDonald (Address) Stewartstown Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Centre Date April 3, 1940

19. UNDERTAKER W. Howard Hubb (Address) Farmington Pa

20. FILED Apr. 3, 1940 Thomas Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 31 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1940, to March 31, 1940

I last saw h-- alive on Mar. 30, 1940; death is said to have occurred on the date stated above, at 3:40 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic myocarditis; duration, two years.	
Chronic Bronchitis.	Chronic.

Other Contributory Causes of importance:

Ø Cardiac asthma

& Pulmonary congestion

& Pneumonia Lungs Circulatory

Name of operation Date of

What last confirmad diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Wes disease or injury in any way releted to occupation of daceesed?

If so, specify

(Signed) Norman H. Gemmill M. D.

(Address) Stewartstown, Penna.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 93d

03213

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
County Harford
City or town Havre-de-Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Harford Memorial Hospital
Stay in hospital or inst. (~~yrs.~~, or ~~mos.~~, or days) 5 days
Stay in this community (yrs., or mos., or days) life time

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME David Monroe Osmond

3. (b) Social Security Number None.

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Widower

6 (b) Name ~~of husband or~~ wife Louise Brown Osmond
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18 - 1860

8. AGE: Years 80 79 | Months 11 | Days 24 | If less than one day hrs. min.

9. Birthplace Havre de Grace (Town, county, and state)
10. Usual occupation Harford County, Md.
11. Industry or business Boat builder

FATHER
12. Name Jacob Monroe Osmond
13. Birthplace Bristol, Pennsylvania

MOTHER
14. Maiden name Elizabeth Johnson
15. Birthplace ?

16. Informant Clarence Osmond.
Address Havre-de-Grace, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof March 15 1940 (month) (day) (year)
Cemetery ~~or crematory~~ Angel Hill Cemetery
Location Havre de Grace Md.

18. Funeral director Pennington & Son
Address Havre de Grace, Md.

19. Mar 13th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1940, at 10 45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 9 1940, to Mar 12 1940, and that I last saw him alive on Mar 12 1940.

Immediate cause of death Shock General debility

Due to Inanition

Due to

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M.D. or other
Address Havre de Grace Md Date signed 3-13-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

WITHIN CORPORATE LIMITS OF

03214

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford,
City ~~or town~~ Havre de Grace, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, ~~hospital, or institution~~ Stokes Street,
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Harford Co. — County Maryland
City or town Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Stokes
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ralph Pascuzzi.

3. (b) Social Security Number None.

4. Sex	5. Color or race	6. (a) ~~Single, married, widowed, or divorced~~
male	white	married

6 (b) Name of ~~husband or~~ wife Josephine Hathaway.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18 1889.

8. AGE: Years	Months	Days	If less than one day
50	8	3	— hrs. — min.

9. Birthplace Italy.
(Town, county, and state)

10. Usual occupation Tailor.

11. Industry or business — own shop —

FATHER 12. Name Joseph Pascuzzi.
13. Birthplace Italy.

MOTHER 14. Maiden name Josephine Taylor.
15. Birthplace —

16. Informant Mrs. Ralph Pascuzzi
Address Havre de Grace Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 25 40 (month) (day) (year)

Cemetery ~~or crematory~~ Mt. Erin Cemetery.

Location Havre de Grace, Md.

18. Funeral director Pennington & Son.

Address Havre de Grace Md.

19. Mar 25 40 (Date rec'd by registrar) James K. Bay Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 22 1940, 7.50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 20 1940, to Mar 22 1940, and that I last saw him alive on Mar 22 1940.

Immediate cause of death — DURATION

Angina Pectoris

Due to Coronary Thrombosis

Due to —

Other conditions Cardiac Failure

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles J. Foley M.D.
M. D. or other

Address 1 Lawrence Drive Havre de Grace Md. Date signed 3/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03215

Reg. Dist. No. 184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Dublin Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Harford
City or town: Dublin Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Wm. B. Rigdon

3. (b) Social Security Number: No

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of husband or wife: Clara A. Rigdon
Alive 6(c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): Sept. 25 1863

8. AGE: Years: 76 Months: 5 Days: 22 If less than one day: hrs. min.

9. Birthplace: Harford Co., Md.
(Town, county, and state)

10. Usual occupation: Merchant Retired

11. Industry or business: Country Store

FATHER
12. Name: Elz. Rigdon
13. Birthplace: Harford Co, Md.

MOTHER
14. Maiden name: Mary Musem
15. Birthplace: Phila. Penna.

16. Informant: Mrs. Clara Rigdon
Address: Street, Md. Rural Delivery

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 19, 1940 (month) (day) (year)
Cemetery or crematory: Emory Cem.
Location: Harford Co., Md.

18. Funeral director: H. S. Bailey
Address: Darlington Md.

19. March 17, 1940. M. M. Kirk
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 16 1940, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 2nd 1940, to March 16 1940, and that I last saw him alive on March 16 1940.

Immediate cause of death	DURATION
Arteria sclerotic C-V disease	
Myocardial failure	
Due to	
Due to	
Other conditions: Chronic Bronchitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Josiah A. Hunt M. D. or other
Address: Cardiff, Md Date signed 3/17/40

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BUREAU V. S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

03216

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford

City ~~or town~~ Havre de Grace, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life time

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland, County Harford

City ~~or town~~ Havre de Grace, Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME James Rumsey Jr.

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife Rose Johnson

6(c) If alive, give age alt. 44 years

7. Birth date of deceased (mo., day, yr.) March 15 - 1894.

8. AGE: Years 46 | Months — | Days 15 | If less than one day ___ hrs. ___ min.

9. Birthplace Mr. Havre de Grace, Md.

(Town, county, and state)

10. Usual occupation Labor

11. Industry or business

FATHER

12. Name James Rumsey Sr.

13. Birthplace Harford Co.

MOTHER

14. Maiden name Elizabeth Bond

15. Birthplace Harford Co.

16. Informant Mrs. James Rumsey

Address Havre de Grace, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof April 3-1940. (month) (day) (year)

Cemetery ~~or crematory~~ St. James A.M.E. Cemetery

Location Havre de Grace, Md.

18. Funeral director Penning Cout Son

Address Havre de Grace, Md.

19. Apr 2nd 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1940, at 9:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 31 1940, to Mar 31 1940, and that I last saw him alive on March 31 1940.

Immediate cause of death: Scirrhous Carcinoma of Mammary Gland

Due to: c Carcinomatosis

Due to: cachexia

Other conditions: Cachexia

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 2 years

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank Wolbert M.D. M. D. or other

Address Havre de Grace Date signed April 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. S.

03217

STATE OF MARYLAND—CERTIFICATE OF DEATH

(83-0)

1. PLACE OF DEATH

County Harford Registration Dist. No. 182

Village or City Darlington No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hamilton D. Ruth Sr. U. S. Veteran, specify WAR

(a) Residence: No. Darlington Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W.	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes

6. DATE OF BIRTH (month, day, end yeer) Sept 11—1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked et this occupation (month end yeer)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balt. (State or country) Md

FATHER

13. NAME Francis J. Ruth

14. BIRTHPLACE (city or town) (Stete or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hamilton D. Ruth Jr (Address) Joppa Rd & Loch Raven Blvd.

18. BURIAL, CREMATION, OR REMOVAL Piece Holy Redeemer Date 3/18, 1940

19. UNDERTAKER Leonard J. Rucker (Address) 5305 Harford Rd.

20. FILED Mar 16, 1940 N. E. Richardson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar 16th (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1940, to Mar 16, 1940

I last saw him alive on Mar 15, 1940; death is said to have occurred on the date stated above, at 1:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2-15-40
Other Contributory Causes of Importance: Essential hypertension	10 yrs ago?

Name of operetion Dete of

What test confirmed diagnosis? Was there an eutopsy? No

23. If deeth was due to external causes (VIOLENCE) fill In also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.

Menner of Injury

Nature of injury

24. Wes diseese or injury in any wey reteted to occupation of deceesed? No

If so, specify

(Signed) Willard P. Hudson M. D.

(Address) Forest Hill, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121-E)

CERTIFICATE OF DEATH

03218

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Havre de Grace

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days): 3 Days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Aberdeen Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Stanley E. Saunders

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widower

6 (b) Name of husband or wife: Eliza Taylor

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 11th 1889

8. AGE:

Years	Months	Days	If less than one day
50	11	5	hrs. min.

9. Birthplace: Clearspring Washington Co. Md (Town, county, and state)

10. Usual occupation: Teacher

11. Industry or business: High School

FATHER 12. Name: Rev. Sandy Saunders

13. Birthplace: Maryland

MOTHER 14. Maiden name: Mary E. Miller

15. Birthplace: Virginia

16. Informant: Mrs. Hilda E. Hayes

Address: 2307 Division St. Balto. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 10th 1940 (month) (day) (year)

Cemetery or crematory: Mt. Calvary

Location: Aberdeen, Md.

18. Funeral director: Henry Fanning Sons

Address: Aberdeen Md

19. Mar. 7th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 6 1940, at 1115 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1938, to Mar 6 1940, and that I last saw h alive on Mar 6 1940.

	OURATION
Immediate cause of death: Chronic Valvular Disease of Heart	
Due to: Mitral Regurgitation	
Due to: Chronic Diffuse Nephritis	
Other conditions: Contributed Failure	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Charles J. Foley M.D. M. D. or other

Address: Havre de Grace Md Date signed: 3/8/40

MAR 16 1940
BUREAU V. S.

03219

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (124)

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:

County: Harford

City or town: Rural Near Havre de Grace Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 32 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Rural Near Havre de Grace Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Mr. Charles P. Tolson

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife: Mrs. Jessie C. Tolson

6(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): June 5th 1882

8. AGE: Years: 57 Months: 9 Days: 11 If less than one day: hrs. min.

8. Birthplace: Baltimore Md (Town, county, and state)

10. Usual occupation: Machinist

11. Industry or business: Aberdeen Proving Ground

FATHER

12. Name: Robert G. Tolson

13. Birthplace: Maryland

MOTHER

14. Maiden name: Durham

15. Birthplace: Maryland

16. Informant: Mrs. Jessie Evans Tolson

Address: Havre de Grace Md. R.F.D. 2

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 18 1940 (month) (day) (year)

Cemetery or crematory: Wesleyan Chapel

Location: Near Aberdeen Md

18. Funeral director: Henry Tarring Sons

Address: Aberdeen Md.

19. Mar 18 1940 (Date rec'd by registrar) Q.C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 16th 1940, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 9th 1938, to March 16th 1940, and that I last saw him alive on March 15 1940.

Immediate cause of death: Chronic Myocarditis + Dilatation Hypertrophic Cerrosis

Due to: Of Stover

Due to:

Other conditions: Exhaustion

(Include pregnancy within 3 months of death)

Major findings:

Dt operations: None

Df autopsy: No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: F. W. Steiner M. D. or other

Address: Havre de Grace Date signed: 3-16-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MAR 28 1940

03220

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92a)

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford.
City ~~or town~~ Havre de Grace, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford.
City ~~or town~~ Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ~~[illegible]~~ 855 Otsego St.
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME William J. Wilson.

3. (b) Social Security Number none.

4. Sex: Male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married.
6 (b) Name of ~~husband or~~ wife Carrie Hamby Wilson
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Feb. 27- 1870.

8. AGE: Years 70 | Months — | Days 55 | If less than one day — hrs. — min.

9. Birthplace Lapidum Harford Co., Md.
(Town, county, and state)
10. Usual occupation Fish business.
11. Industry or business —
FATHER
12. Name William K. Wilson.
13. Birthplace Pennsylvania.
MOTHER
14. Maiden name Mary Runley.
15. Birthplace Germany.
16. Informant Mrs. Carrie Wilson,
Address Havre de Grace, Md.
17. Burial (Burial, cremation, ~~or removal. Which?~~) Date thereof Mch. 27-40. (month) (day) (year)
Cemetery ~~or crematory~~ Angel Hill Cemetery.
Location Havre de Grace, Md.
18. Funeral director Pennington & Son,
Address Havre de Grace, Md.
19 Mar 25th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 24th 1940, at 9 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 16 1940, to Mar 24 1940, and that I last saw him alive on Mar 24 1940.
Immediate cause of death Cardiac Insufficiency
Due to Aortic Regurgitation
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Havre de Grace Date signed 3/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4)

03221

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford
City or town Havre de Grace, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 117 N. Stokes St
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland. County Harford,
City or town Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 117 - Fno. Stokes
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Minnie H. Wood

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	white	married.

6 (b) Name of husband ~~or wife~~ Albert L. Wood

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 20 - 1869.

8. AGE:

Years	Months	Days	If less than one day
70	8	2.	____ hrs. ____ min.

9. Birthplace Reistertown, Md.
(Town, county, and state)
10. Usual occupation Housework.
11. Industry or business

FATHER
12. Name Joseph Smith.
13. Birthplace Balto. Co.

MOTHER
14. Maiden name Alberta Heisler.
15. Birthplace Baltimore Co.

16. Informant A. L. Wood.
Address Havre de Grace, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Mch. 27-40 (month) (day) (year)
Cemetery or crematory Angel Hill Cem.
Location Havre de Grace, Md.
18. Funeral director Pennington Bros.
Address Havre de Grace, Md.
19. Mar 25 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24th 1940, at 11:55 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 2 1939 19____, to May 24 1940, and that I last saw h__ alive on March 24 1940.

Immediate cause of death	DURATION
Diabetic Gangrene	
Left Foot	
Due to Diabetes mellitus	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. Lyon M.D. M. D. or other
Address Havre de Grace Md. Date signed 3/25/40

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BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

03222

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford

~~City or~~ town Havre de Grace, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, ~~hospital, or institution~~ Franklin St.,

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) all her life.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford.

City or town Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 300 Franklin St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Susan Charshee Zeitter.

3. (b) Social Security Number none

4. Sex Female

5. Color or race white

6. (a) ~~Single, married, widowed, or divorced~~ widow.

6 (b) Name of husband ~~or wife~~ Edward A. Zeitter.

— 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 18 - 1859

8. AGE: Years 81 | Months — | Days 2 | If less than one day ___ hrs. ___ min.

9. Birthplace Havre de Grace, Md.
(Town, county, and state)

10. Usual occupation Housework.

11. Industry or business

FATHER
12. Name Bennett Charshee.
13. Birthplace Havre de Grace, Md.

MOTHER
14. Maiden name Catherine Cook.
15. Birthplace Havre de Grace, Md.

16. Informant Mrs. Walter Burns.
Address Havre de Grace, Md.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof Mch. 25-40
(month) (day) (year)

Cemetery ~~or crematory~~ Angel Hill Cemetery,

Location Havre de Grace, Md.

18. Funeral director Pennington & Son.
Address Havre de Grace, Md.

19. Mar 23rd 1940 (Date rec'd by registrar) James H. Bay Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1940, at 930 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1939 19__, to March 1940, and that I last saw her alive on March 21 1940.

Immediate cause of death Coronary thrombosis — DURATION 2 min

Due to Arteriosclerosis — 15 yrs

Due to Hypertension —

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE Frank Urchert M.D.
M. D. or other

Address Havre de Grace Md. Date signed 3/22/40

RECEIVED
APR 4 1940
BUREAU V. S.